

North Sound Elite Registration Form



Player Information (Please Print Clearly)			
Last Name	First	Middle	Nickname
Address	City	Zip	
Home Phone	Cell Phone	Email	
Sex	Birthday	Grade	School
Legal Guardian Information			
Parent/Guardian	Relationship		
Emergency Contact Information			
Name	Relationship	Phone	
Medical Information			
List any Medications that requires special attention	Physician's Name	Phone	
Health Insurance Information			
Insurance Carrier	Policy Holder Name	Policy Number	
Liability Waiver/Medical Consent			
<p><small>(In order to process your registration, you must sign the Liability Waiver/Medical Consent after you have read and agreed to the following.)</small></p> <p>I, as the parent/guardian of the above named child, do hereby give my consent for his/her participation in North Sound Elite Basketball. I assume all risks and hazards incidental to the child's participation, including but not limited to transportation to and from the activities of the program, and I waive, release, absolve, indemnify and agree to hold harmless North Sound Elite Basketball and the coaches from any claim arising out of injury to my child or myself.</p> <p>I hereby grant permission for my child to receive emergency medical treatment whenever and wherever necessary while participating in the basketball program. Should my child be taken to a hospital for emergency purposes, I further grant permission to the attending physician and staff to treat the child as deemed reasonable and advisable.</p> <p>By my signature below, I signify that I have read, understand, and agree to the terms stated above.</p>			
Parent or Guardian Signature	Date		